

Attachment A

FOCUS AREA A: PREPAREDNESS PLANNING AND READINESS ASSESSMENT

Focus Area A is organized into three sections:

- I. Strategic Direction, Coordination, and Assessment
- II. Planning for Preparedness and Response
- III. National Pharmaceutical Stockpile Preparedness

Each Focus Area includes **Critical Capacities**, which are the core expertise and infrastructure that should be implemented as soon as possible to enable a public health system to prepare for and respond to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies. Some of the **Critical Capacities** include **Critical Benchmarks**, which recipients are required to complete prior to submission of the work plan (see Notice of Cooperative Agreement Award). Further, some **Critical Capacities** have associated with them **Activities That May be Considered**. Though not exhaustive, these lists provide examples of related activities that applicants may propose to develop to augment the relevant **Critical Capacity**.

For each **Critical Capacity**, the work plan must provide: (a) a brief description of the existing capacity in your jurisdiction, (b) an assessment of whether this capacity is adequate, and (c) where you judge the capacity inadequate, a proposal for effecting improvements during this budget period-- including a timeline to guide implementation, measurable milestones to facilitate accountability, and a proposed budget. **This document should not exceed 5 pages.**

Some Focus Areas also include **Enhanced Capacities**, which are the additional expertise and infrastructure--i.e., over and beyond the **Critical Capacities**--to enable public health systems to have optimal capacities to respond to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies. **Enhanced Capacities** should be addressed only after Critical Capacities have been achieved or are well along in development. Recipients are encouraged to choose among these suggested activities or propose other comparable ones.

For each **Enhanced Capacity** that the recipient chooses to address now, the work plan must include a brief proposal for effecting the intended enhancements during this budget period-- including a timeline to guide implementation, measurable milestones to facilitate accountability, and a proposed budget. **This document is not to exceed 5 pages.**

I. STRATEGIC DIRECTION, COORDINATION, AND ASSESSMENT

Recipient Activities:

- A. **CRITICAL CAPACITY:** to establish a process for strategic leadership, direction, coordination, and assessment of activities to ensure state and local readiness, interagency collaboration, and preparedness for bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies.
1. Designate a senior public health official within the state/local health department to serve as executive director of the bioterrorism preparedness and response program.
(CRITICAL BENCHMARK #1)
 2. Establish an advisory committee including representation from (but not limited to) the following groups: (a) state and local health departments and governments; (b) emergency management agencies; (c) emergency medical services; (d) the Office of Rural Health; (e) law enforcement and fire departments, emergency rescue workers, and occupational health workers; (f) other healthcare providers including university, academic, medical, and public health; (g) community health centers; (h) Red Cross and other voluntary organizations; and (i) the hospital community (including Veterans Affairs and military hospitals where applicable).
(CRITICAL BENCHMARK #2)
 3. Ensure that high-level policy makers and elected officials at the state and local level are provided regular updates regarding preparedness activities.
 4. Establish a coordinated and integrated process for monitoring progress, allocating resources, and developing work plans.
 5. Sponsor jurisdiction-wide conferences and workshops bringing together partners and stakeholders.
 6. Ensure that parts of the public health system not directly involved in bioterrorism preparedness are aware of and, when appropriate, participate in planning and implementation of cooperative agreement activities.
 7. Ensure competency of project leadership through technical, managerial, and leadership training and career development activities.
- B. **CRITICAL CAPACITY:** to conduct integrated assessments of public health system capacities related to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies to aid and improve planning, coordination, and implementation.

1. Prepare a timeline for the assessment of emergency preparedness and response capabilities related to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies with a view to facilitating planning and setting implementation priorities.
(CRITICAL BENCHMARK #3)
2. Prepare a timeline for the assessment of statutes, regulations, and ordinances within the state and local public health jurisdictions that provide for credentialing, licensure, and delegation of authority for executing emergency public health measures, as well as special provisions for the liability of healthcare personnel in coordination with adjacent states.
(CRITICAL BENCHMARK #4)
3. When conducting the integrated assessments associated with Critical Benchmarks #3 and #4, review results of existing assessments of the public health system's capacity to determine response status of the state and local public health systems.

4. Activities that may be considered:

- a. Ensure sufficient state and local public health agency staff to manage a system that will assess system capacity.
- b. Ensure state and local public health agency staff competency by providing equipment, supplies, and training.
- c. Conduct a comprehensive review of state and local public health systems using the National Public Health Performance Standards (see www.phppo.cdc.gov/nphpsp/).
- d. Provide results of system assessments to all components of the state and local public health agency and to elected officials responsible for oversight of health agency activities.

C. ENHANCED CAPACITY for public health emergency preparedness and response through the development of necessary public health infrastructure.

1. Create a joint state-local public health infrastructure improvement plan including a list of participants, timelines, and action steps using guidance developed by CDC. The process for plan development should be guided by the principles of state-local collaboration developed by ASTHO and NACCHO (www.astho.org). Documentation of adherence to these principles should be provided as evidence of the collaborative process.
2. Conduct comprehensive planning using the approach developed under the Mobilization for

Action through Planning and Partnerships (see www.naccho.org).

- D. **ENHANCED CAPACITY:** to recruit, retain, and fully develop public health leaders and managers with current knowledge and expertise in advanced management and leadership principles who will play critical roles in responding to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.
1. Assess existing state and local public health leadership and management capacity, and credentials and competencies of key agency leadership staff.
 2. Assess state and local public health leadership and management training and development needs.
 3. Develop or support formal state and local public health leadership and management development identified by CDC.
 4. Develop specialized state and local public health leadership and management training in advanced concepts of incident command and bioterrorism communication.
 5. Participate in formal public health leadership or management credentialing programs.

CDC Activities:

- A. Provide expert consultation on all components of assessment and planning for core agency preparedness and response, specifically including the assessment of system capacity and improvement plan development.
- B. Facilitate the transfer of information through workshops and conferences.
- C. Maintain and update the tools needed to perform capacity assessment including the National Public Health Performance Standards (www.phppo.cdc.gov/nphpsp).
- D. Develop and update the format for the state-local public health infrastructure improvement plan.
- E. Assist in the development of staff capacity needed to conduct and interpret capacity assessments.
- F. Support leadership and management development programs, and identify appropriate sources of training in public health leadership and management.
- G. Provide access to relevant resources regarding public health laws through Web site

development, conferences, and other approaches.

II. PREPAREDNESS AND RESPONSE PLANNING

Recipient Activities:

A. CRITICAL CAPACITY: to respond to emergencies caused by **bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies through the development and exercise of a comprehensive public health emergency preparedness and response plan.**

1. Prepare a timeline for the development of a state-wide plan for responding to incidents of bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies. This should include the development of emergency mutual aid agreements and/or compacts, and provision for regular exercises that test regional response proficiency.
(CRITICAL BENCHMARK #5)
2. Prepare a timeline for the development of regional plans to respond to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.
(CRITICAL BENCHMARK #6)
3. Designate a senior public health professional to serve as the lead coordinator responsible for developing and implementing planning activities associated with this cooperative agreement.
4. In collaboration with other federal agencies (e.g., Department of Health and Human Services, Health Resources Services Administration and the Office of Emergency Response, Federal Emergency Management Agency), assess readiness of hospitals and emergency medical services to respond to bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies, and include them in state/local plan development and exercises.
5. Establish and maintain a system for 24/7 notification or activation of the public health emergency response system. (See Appendix 6, I.T. functions #7-9)
6. Exercise plans at least on an annual basis to demonstrate proficiency in responding to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.
7. **Activities that may be considered:**

- a. Review emergency plans and procedures that exist at the federal, state, regional, and community level.
- b. Identify resources (such as poison control centers, information and communications systems, Metropolitan Medical Response Systems, subject matter experts, and local emergency preparedness committees) that could play a role in a public health response to a terrorist attack.
- c. Work with state and local emergency management agencies, environmental agencies, and others to assess vulnerabilities in terms of human health outcomes related to a variety of biological, chemical, and mass casualty terrorist scenarios.
- d. Develop capacity within state health departments by:
 - 1. Identifying a dedicated preparedness and response staff to oversee preparedness planning and workforce readiness.
 - 2. Developing appropriate, rapid, and reliable communications systems or strategies to effectively function within the state emergency response system.
 - 3. Working with hospitals, the medical community, and others to put plans in place to coordinate delivery of critical health services and effective medical management in emergencies.
 - 4. Participating in existing multi-agency unified command and incident command structure.
- e. Develop the capacity within local health departments by:
 - 1. Identifying an emergency response coordinator in each local public health agency.
 - 2. Ensuring the development of a local health department preparedness and response plan that is integrated with and supports plans of other local agencies (including, but not limited to, police and fire departments, EMS, EMA, schools, and MMRS where present).
 - 3. Ensuring that local health departments participate in response exercises and training activities with state health departments and other response organizations (including MMRS if applicable) using incident command system/unified command.

4. Ensuring that local health departments establish and maintain a system for 24/7 notification or activation of the public health emergency response system that is integrated with the state health department system.
5. Working with hospitals, the medical community, and others to plan coordinated delivery of critical health services and effective medical management in emergencies.

B. **CRITICAL CAPACITY:** to ensure that state, local, and regional preparedness for and response to bioterrorism, other infectious outbreaks, and other public health threats and emergencies are effectively coordinated with federal response assets.

1. Develop an interim plan to receive and manage items from the National Pharmaceutical Stockpile, including mass distribution of antibiotics, vaccines, and medical materiel. Within this interim plan, identify personnel to be trained for these functions. See also Section III below.

(CRITICAL BENCHMARK #7).

2. Ensure that all preparedness and response planning is coordinated within the existing emergency management infrastructure that is facilitated and supported by the Federal Response Plan, Metropolitan Medical Response System, disaster medical assistance teams, mortuary assistance teams, and hospital preparedness planning.
3. Participate in regional exercises conducted by federal agencies.

C. **ENHANCED CAPACITY:** to ensure that public health systems have optimal capacities to respond to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.

1. Update and refine state, city, and regional response plans based upon deficiencies noted from exercises or actual events.
2. Conduct vulnerability assessments and predictions of human health effects resulting from releases of chemical, or etiologic material. This might include the use of GIS systems and modeling strategies.
3. Update and refine assessments of and response to epidemiologic, laboratory, and environmental health needs resulting from scenario and vulnerability assessments.
4. Develop and expand the capacity to conduct environmental sampling and health follow-up

of victims following terrorist attacks.

5. Develop and expand the capacity to communicate immediately and reliably with the public, healthcare providers, the response community, the media, and elected officials. (See Appendix 6, I.T. function #8.)
6. Develop and expand capacities to respond to injuries resulting from terrorist events, including the capacity to develop and standardize instruments used in conducting needs assessments of the healthcare system capacity to provide optimal trauma care, and the capacity to conduct injury surveillance in an acute event, and to survey ongoing victim needs. (See Appendix 6, I.T. functions #1-3)
7. Develop and expand the capacity to address worker health and safety issues related to bioterrorism, with a primary focus on protection of emergency response workers, remediation workers, and exposed occupational groups such as postal workers and healthcare workers.

CDC Activities:

- H. Provide technical and programmatic guidance and assist in
 1. assessing response capacity at the state and local public health departments,
 2. developing state and regional response plans, and
 3. planning for and conducting exercises of response plans.
- B. Facilitate sharing of assessments, plans, and other information among state and local health departments.

III. NATIONAL PHARMACEUTICAL STOCKPILE PREPAREDNESS

Recipient Activities:

- C. **CRITICAL CAPACITY:** to effectively manage the CDC National Pharmaceutical Stockpile (NPS), **should it be deployed-- translating NPS plans into firm preparations, periodic testing of NPS preparedness, and periodic training for entities and individuals that are part of NPS preparedness.**
 1. Develop an infrastructure component with the state-level terrorism preparedness organization that is dedicated to effective management and use of the NPS statewide. This

component should focus on providing appropriate support to local and regional governments expected to respond should the NPS deploy there. It may also be the source of support for personnel engaged part-time, via contract or subvention of salary, to carry out responsibilities described in Part B. above.

2. Provide fiscal support to help local and regional governments develop a similar infrastructure component dedicated to effective management and use of the NPS.
3. Prepare a state description, with integrated local and regional area components, for the management and use of the NPS, by addressing the considerations cited in Draft #9 of the *Guide for Planning the Receipt and Distribution of the CDC National Pharmaceutical Stockpile*, February 2002.
4. In collaboration with local and regional NPS planning components, follow development of a NPS plan with preparations that result in documented commitments by all of the individuals, agencies, organizations, and corporations identified in the plan.
5. In collaboration with local and regional NPS planning components, follow NPS planning and preparations with development and implementation of a regimen of basic orientation, training (and refresher training), and periodic readiness exercises for those individuals or entities identified in the NPS plan as having roles in any phase of NPS management and use.
6. Develop a plan for distribution of antibiotics, chemical/nerve agent antidotes, and symptomatic treatment packages to various local and/or regional areas of the jurisdiction, and describe the proposed storage sites for antibiotics, chemical/nerve agent antidotes, and symptomatic treatments (not pre-distributed to individuals) that meet specifications for environmental acceptability (i.e., moisture-free with a temperature range controlled to remain within 58°F and 86°F).

CDC Activities:

- D. Provide program guidance through written planning documents and prompt electronic accessibility through an NPS list serv (NPS_PROGRAM-1@LIST.NIH.GOV) to answer questions and share information.
- E. Provide technical assistance on site, as well as by telephone and e-mail, in the development of the NPS plan, in the process of ongoing maintenance of the state, local, and regional infrastructures developed to ensure effective management and use of the NPS.
- F. Provide assistance with orienting and training persons who are part of the NPS plan by advising

state, local, or regional officials on methodology, by providing materials and examples with which to orient and train, or by participating in state, local, or regional orientation or training, as indicated by need.

- G. Advise and occasionally participate with state, local, or regional officials in developing and conducting periodic NPS readiness testing exercises to challenge the ongoing viability of the NPS plan and its key operational components.
- H. Share plans and other documented activities that have positive aspects with potential for states, major cities, and territories beyond the originating area(s) to benefit their effective management and use the NPS.
- I. Procure the products that comprise the antibiotics packages and ship these packages to receiving locations identified by the recipient.
- J. If funding permits, replace some or all of the drugs in the antibiotic packages near to the point of their expiration, working through the recipient contacts to carry that out replacement.
- K. Provide written program guidance on the logistical and materiel management issues involved in the selection of proper storage sites for packages of chemical/nerve agent antidotes and symptomatic treatments.
- L. Provide technical assistance on site as well as by telephone and e-mail regarding the proper storage and maintenance of chemical/nerve agent antidotes and symptomatic treatments.
- M. Provide prompt electronic accessibility (through an NPS list serv) to answer questions and share information on storage site selection.
- N. Procure and containerize the products that comprise the chemical/nerve agent antidotes and symptomatic treatments packages, and ship these packages to storage locations identified and leased by the recipient.
- O. Conduct an on site assessment of storage sites for packages of chemical/nerve agent antidotes and symptomatic treatments at least once per year, and periodically on an unannounced basis.
- P. Work closely with the recipient contact person(s) to carry out the steps and measures to comply with the FDA SLE Program and to extend the shelf-life of chemical/nerve agent antidotes as long a possible unless or until it is used to protect the life or health of people.